

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State No. **58-024900**

FILED JUL 21 1958

BIRTH NO. _____		REG. DIST. NO. <u>64</u>		PRIMARY REG. DIST. NO. <u>4102</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY CHARITON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY CHARITON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KEYTESVILLE		c. LENGTH OF STAY (In this place) 42 - YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KEYTESVILLE		0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION BRIDGE ST. AND HIGHWAY # 5				d. STREET ADDRESS (If rural, give location) BRIDGE ST. & HIGHWAY # 5			
3. NAME OF DECEASED (Type or Print) ELLENAH		a. (First)		b. (Middle)		c. (Last) RICHARDSON	
4. DATE OF DEATH JULY, 15TH, 1958		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	
8. DATE OF BIRTH JAN. 2ND, 1873		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	
11. BIRTHPLACE (City and State or Foreign Country) MACON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES EVANS		13b. MOTHER'S MAIDEN NAME NANCIE BLACKWELL	
14. NAME OF HUSBAND OR WIFE J. O. RICHARDSON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. H. N. ELLIOTT	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emaciation</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4222		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3-4 weeks	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KEYTESVILLE, MO.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>March 30, 1958</u> to <u>July 15, 1958</u> , that I last saw the deceased alive on <u>July 15, 1958</u> , and that death occurred at <u>10:45 p.m.</u> from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Carl C. Heger M.D.</u>	
23b. ADDRESS <u>Keytesville, Mo</u>		23c. DATE SIGNED <u>7/17/58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 17TH, 1958	
24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		24d. LOCATION (City, town, or county) (State) KEYTESVILLE, MO.		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. D. Gault</u>		ADDRESS KEYTESVILLE, MO.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

550

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed A. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Key West, Fla.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.